

1. Applicant's information (all items must be completed):

First Name: _____ Middle: _____ Last _____

Applicant's Business Name: _____

Circle one: Male / Female *Date of birth: _____

Home Address: _____ Phone _____

City/State/Zip: _____

*Information needed for background check.

2. Employment information:

If applicant is the *owner* of an establishment, please complete this section also:

Business name: _____ Phone: _____

Business address: _____ City: _____

Is the owner also a massagist: Yes / No

List massagists employed by establishment (use reverse side if more space is needed): _____

If applicant is *employed* by a massage establishment, please complete below:

Employer's business name: _____ Phone: _____

Employer's address: _____ City: _____

3. List any changes since original application, other than above, including personal identification information: _____

4. This renewal is for a (circle one): massagist / message establishment

Renewal fee for massagists is \$15 and \$30 for message establishments and includes the licensing of one owner as a massagist.

5. Code references: Refer to the Port Huron Code of Ordinances, Chapter 12, Businesses, Article X, Massage Establishments. To obtain a complete copy of the chapter, visit the City's website at www.porthuron.org and select "Residents" and then "Code of Ordinances". In addition, Chapter 18, Section 18-8, states: "... No license shall be issued to any person who is indebted or obligated to the City for any sum of money, other than for current taxes."

6. Application submission, information or questions: Submit the completed application with the appropriate renewal fee to the Office of the City Clerk, 100 McMorran Boulevard, Port Huron, Michigan 48060. For questions, call the Clerk's office at 810-984-9725. Additional copies of this form can also be found on the City's website at www.porthuron.org. Select the section "Residents" and then "Licenses, permits & forms."

7. Privacy Act Release: By way of my signature below, I hereby acknowledge the rights of the Privacy Act passed by Congress that no information can be provided to unauthorized personnel without my consent.

Applicant's signature

Dated

(Below for office use only)

Date paid:

Approved by:

Dated

_____ \$15 annual massagist permit fee; or

Police Chief: _____

_____ \$30 annual establishment fee

City Treasurer: _____

(fee includes licensing of one owner as a massagist)

City Clerk: _____